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	APPLICATION NO.	FILING DATE	I	TRST NAME	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
•	09/462,502	01/24/2000		YASUO KONDO		10641-0001-3PCT	5164
÷-	TITLE OF INVENTION: P.	ANEL FOR AIR BAGS AN	D'METHOD OF M	ANUFACT	URING THE SAME		
•	APPLN, TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1330 \$1370		\$0 \$300	\$ 1330 \$1670	11/30/2004
	EXAMINER		ART UNIT		CLASS-SUBCLASS		
	SIMONE, CATHERINE A		1772		428-156000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).					2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys		ILON, SPIVAK,
	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively, (2) the name of a single firm (having as a member a		CLELLAND, MAIER

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 10/14/2004 RFEKADU2 00000053 09462502 11

(A) NAME OF ASSIGNEE

TOYOTA SHATAI KABUSHIKI KAISHA

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

listed, no name will be printed.

(2) the name of a single firm (having as a member a

registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is

Kariya-shi, JAPAN

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Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🖵 Individual 웥 Corporation or other private group entity 🖵 Government
4a. The following fee(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted)	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).
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Authorized Signature

Paul Sacher

Registration No.

Date

Reg. No. 43,418

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